24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 04 01 01 02014		
Mailing Address 325 SPRINGSIDE DR	Amount		
City State Zip Code AKRON OH 44333	491.98 Transaction ID : SE.4126 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 01 7 2014		
Name of Federal Candidate MARK BEGICH Support Oppose	Office Sought: House District: 00 President Senate State: AK		
	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR	Amount		
City State Zip Code	2023.24		
AKRON OH 44333	Transaction ID : SE.4154 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 / 01 / Y 2014		
Name of Federal Candidate MARK L PRYOR Support Oppose	Office Sought: House District: 00 President Senate State: AR		
	Disbursement For: Primary General 2014 Gher (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	2515.22		
(b) SUBTOTAL of Unitemized Independent Expenditures	>		
(c) TOTAL Independent Expenditures	•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date	04 02 / 2014		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUND	C00524454		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee INFOCISION MANAGEMENT CORP	ablic Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR Amount	01 2014		
City State Zip Code	3625.03		
AKRON OH 44333 Transaction	on ID : SE.4155 sbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	01 2014		
Name of Federal Candidate Support Office Sought:	House District:00		
MARK E UDALL President	Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:		
INFOCISION MANAGEMENT CORP			
Mailing Address 325 SPRINGSIDE DR Amount	01 2014		
City State Zip Code	3159.21		
AKRON OH 44333 Transaction	n ID : SE.4156 sbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004 04	01 2014		
Name of Federal Candidate Support Office Sought:	House District:00		
MARY L LANDRIEU Oppose President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	7 1 7 1 7 1		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date 04 02			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼		
CONSERVATIVE WAJORITY FUND	C C00524454		
Check if Z 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M O1		
Mailing Address 325 SPRINGSIDE DR	Amount		
City State Zip Code	3724.72		
AKRON OH 44333	Transaction ID : SE.4157 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 01 7 2014		
Name of Federal Candidate Support Of	ffice Sought: House District: 00		
AL FRANKEN Oppose	President Senate State: MN		
Calcinati Total To Bato	isbursement For: Primary X General 114 Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	04 01 2014 Amount		
City State Zip Code	711.60		
AKRON OH 44333	Transaction ID : SE.4158 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 01 2014		
Name of Federal Candidate Support O	ffice Sought: House District: 00		
JOHN E WALSH Oppose	President Senate State: MT		
	isbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	4436.32		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date	04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454			
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file				
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 04 01 01 02014			
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	946.49			
AKRON OH 44333	Transaction ID : SE.4159 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 / 01 / 2014			
Name of Federal Candidate Support Offi	ce Sought: House District: 00			
JEANNE SHAHEEN Oppose	President Senate State: NH			
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For:			
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR	04			
City State Zip Code	6801.78			
AKRON OH 44333	Transaction ID : SE.4160 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	04 / 01 / 2014			
Name of Federal Candidate Support Off	ce Sought: House District:00			
KAY R HAGAN Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	7748.27			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE [Electronically Filed] Date	04 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NDEFENDENT EXPEN	DITORLO	PAGE 5 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	DITY FLIND		FEC IDENTIFICATION NUMBER ▼	
CONSERVATIVE MAJO	RITY FUND		C C00524454	
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee INFOCISION MANAG	EMENT CORP		Date of Public Distribution/Dissemination 04 04 01 02014	
Mailing Address 325 SPRINGSII	DE DR		Amount	
City	State	Zip Code	2763.41	
AKRON	ОН	44333	Transaction ID : SE.4161 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01	- 4/07/2014)	Category/ Type 004	04 / 01 / Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District:00	
JEFFREY A MERKLEY		X Oppose	President Senate State: OR	
Calendar Year-To-Date Per Election for Office Soug	ht	2763.41	Disbursement For: Primary General	
Full Name of Payee INFOCISION MANAGE	MENT CORP		Date of Public Distribution/Dissemination 04 01 01 01 01 01 01	
Mailing Address 325 SPRINGS	SIDE DR		04 01 2014 Amount	
City	State	Zip Code	5752.54	
AKRON	ОН	44333	Transaction ID : SE.4162 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01	- 4/07/2014)	Category/ Type 004	04 01 / Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
MARK J WARNER		X Oppose	President Senate State: VA	
Calendar Year-To-Date Per Election for Office Souç	ght	5752.54	Disbursement For: Primary General 2014 Gther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		·	
(c) TOTAL Independent Expendite	ures		30000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZII		onically Filed] Date	9 04 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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